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Alison Lundergan Grimes Kentucky Secretary of State

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## **COMMONWEALTH OF KENTUCKY** ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

**Division of Business Filings Business Filings** 

## **Articles of Organization**

**PLC** 

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Professional Limi	ted Liability Compa	iny		
Pursuant to KRS 14A and KRS 2	275, the undersigned applie	es to qualify and for that	ourpose submits	the following statement	
		pany is		2	
Article II: The street address of t	he professional limited liab	ility company's initial reg	istered office in	Kentucky is	
Article I: The name of the professional limited liability company is to b A. a manager(s).		Louisville	KY	40223	
		City	State	Zip Code	
and the name of the initial registe	ered agent at that office is	John E. Stocking		entero de la latina productiva de la compansión y porque en compansión de la compansión de la compansión de la	
			rincipal office is		
9905 Winged Foot Drive	Louisville	KY	40223		
Street Address or Post Office Box Nur	nber	City	State	Zip Code	
A. a manager(s).  Article V: The profession to be p  Medicine	racticed through the profes	B. its member(s).	mpany:		
Article VI: This application will be date or the delayed effective date	e cannot be prior to the dat	e the application is filed.	The date and/o	r time is (Delayed effective date and/or time)	
Min E Trusty		inted Name		Date	
Signature of Organizer Pr		inted Name	Da	Date	
Frint Print		inted Name	Da	Date	
John E. Stocking	, cor	nsent to serve as the registered	I agent on behalf of	the limited liability company.	
Print Name of Registered Agent		ohn E. Stocking	0	6/18/2014	
Signature of Registered Agent	Pri	nted Name	Da	te	